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**"THE ANTISEPTIC DROPPER."**

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ALL ophthalmic surgeons, as well as most physicians, daily experience the constant annoyance and the impossibility of keeping droppers or medicine pipettes clean, and of having each one properly attached or only used in the same bottle. The solutions kept in the bottles are soon spoiled by dust, penicillium, etc., carried into the bottle by the dropper. As commonly used, the dropper is not cleansed and rendered aseptic each time prior to inserting it in the solution, but is in fact washed out with, and again into the solution, every time it is used. Many devices have been made in the attempt to avoid all this, and to keep each dropper with its appropriate bottle. It need not be said that all have proved failures, and the vexation, the expense, and the slovenliness, the fouling and the septicizing of solutions, is a thorough "weariness to the flesh."

I have hit upon a method that I am sure "supplies the long-felt want." This, in brief, is to combine the dropper and the glass-cork in one piece of glass. The long fine point of the dropper, straight or curved, and of any length desired, or according to the bottle-height, is made the same as the best style of the droppers in common use. The bulbous or tubular enlargement of the dropper is made of a sufficient thickness of glass to admit of its being ground so as to fit the neck of the bottle accurately, just as the ordinary glass-stopper does,

and is of course used in place of any other stopper. This bulbous enlargement extends far enough above the lips of the bottle to serve as a grasping place for the finger and thumb, and upon this is fitted the rubber bulb exactly as is the common dropper. In this way cork and dropper are united in one handy and serviceable little instrument.

The use of the principle of the "mizpah dropper" may be preferred by some, as by the valve of this instrument the liquid is prevented from entering the rubber bulb. But this is unnecessary if one is careful to keep the point of the pipette downward so that the solution does not come in contact with the upper part or rubber bulb of the dropper. With a little dexterity only the few drops required may be allowed to enter the pipette of the common dropper, and the solution need never reach or come in contact with the rubber.

By changing the shape of the rubber bulb, so that it shall be round or flattened instead of oblong, only the index-finger is used to compress or depress it, and thus expel the solution, whilst the thumb and second finger hold the dropper below. By properly limiting the size of the rubber bulb, it can be made possible to suck up only the single drop, or the few drops desired.

Perhaps the simplest and, after all, the most effectual, plan is to stretch a flat, flexible membrane of rubber across the expanded bulbous open top of the dropper like a drum-head, and by depressing this with the index-finger the few drops required are sucked into the point of the pipette or expelled from it. The device is so easily understood that no illustration seems necessary.

Upon the top of the rubber bulb or of the flat membrane may be written the number of the bottle to which it belongs, the chemical name of the solution, etc., corresponding to the proper bottle.

I have requested Messrs. Whitall, Tatum & Co., of Philadelphia, to manufacture and supply the "antiseptic dropper."